Why should Philadelphia become a Trauma-Informed city?

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Problem Statement

According to the 2010 U.S. Census, Philadelphia is the fifth largest city in the nation with a total population of 1.53 million people.[1] and is the urban hub for the Delaware Valley that encompasses a population of over 5.6 million people and therefore larger than the entire population of many U.S. states [2]. Philadelphia has the unfortunate distinction of having one of the highest homicide rates and poverty rates among large U.S. cities and since 2001, there have been more than 4,400 people murdered and more than 20,000 people shot in Philadelphia [3]. Most of this violence has taken place within a relatively small number of neighborhoods where the loss of industrial jobs, deteriorated housing, multigenerational poverty, high incarceration rates, lack of educational opportunities, exposure to unrelenting violence, racial discrimination, and health disparities have created an interlocking circle of disadvantage. This theory posits that different aspects of the environment and society interact, resulting in cyclical negative outcomes over the course of many individuals' lives [4]. The social issues that contribute to this interlocking circle of disadvantage include overpopulation, unemployment, homelessness, substance abuse, domestic violence, crime, low education, child abuse, and poor health. All of these factors combined create a city living environment marked by poor indicators of general health, mental health, and high exposures to trauma.[5]

Trauma impacts individuals, families and communities physically, emotionally, socially, morally – and intergenerationally. As a result of what is possibly the most important public health study ever done, the Adverse Childhood Experiences Study, we are learning about the connections between these interlocking circles of disadvantage in the developing child and multiple negative outcomes in adults [6]. Adverse Childhood Experiences (ACE) are defined as events that occur before the age of 18 including: experiencing physical, emotional or sexual abuse, physical or emotional neglect, or growing up in a household where someone abuses alcohol or other drugs, is mentally ill, is incarcerated, is a substance abuser, or where there is domestic violence [7]. All of these problems have negative developmental impacts on children, particularly during periods of critical or sensitive brain development – a problem termed "toxic stress". [8] The impact from these events continues to affect people's lives across the lifespan. As the number of ACEs increase, the risk for the following health problems increases in a strong and graded fashion: alcoholism and alcohol abuse, intravenous drug abuse, chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), autoimmune disease, liver disease, depression and suicidality, fetal death, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases (STDs), smoking, and unintended pregnancies. People with high ACEs scores are more likely to die decades before their lower-scored counterparts. The economic consequences are evident and measurable for the individual and for society: increased healthcare costs of all kinds including more hospitalizations, medication usage, and emergency room visits as well as higher mental health costs; higher rates of delinquency and criminal justice, child welfare and other social service costs as well as lower productivity and poorer job performance.[9]

As the authors of the ACEs study tell us, *"A public health paradox is implicit in these observations. One sees that certain common public health problems, while indeed that, are often also unconsciously attempted solutions to major life problems harkening back to the developmental years. The idea of the problem being the solution, while understandably disturbing to many, is certainly in keeping with the fact that opposing forces routinely co-exist in biological systems. Understanding that it is hard to give up something that almost works, particularly at the behest of well-intentioned people who have*

little understanding of what has gone on, provides us a new way of understanding treatment failure in addiction programs where typically the attempted solution rather than the core problem is being addressed." [9]

Recently, an expanded ACEs survey was conducted across Philadelphia; 37% of Philadelphians reported four or more adverse childhood experiences (ACE)[10], which is three times higher than the original study. This constitutes a public health emergency as urgent and as important is the discovery that microbes were causing disease in the 19th century. The good news is that we have an opportunity to significantly impact the development of the <u>ten most common causes of death</u> in the next generation if we can find the social will to what are preventable adversities to children and their families.

The enormity of the problem of exposure to violence poses a fundamental problem for every new mayor. So many individuals, families and neighborhoods have been exposed to traumatic experiences and adversity that Philadelphia can be seen as a "trauma-organized" city. As a culture, we are just beginning to learn what that means, that just as a traumatic experience can become the central organizing principle in the life of an individual victim that becomes invisible because it is so universal, so too is trauma a central organizing principle of human thought, feeling, belief, and behavior that has been virtually ignored in our understanding of human nature. Without this understanding no new leader can hope to make the sweeping changes we need to make if we are to halt a continuing post-traumatic deterioration in our urban environments[11].

Brief History of Trauma-Informed

A useful definition of trauma-informed care is this: *Service delivery that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans and human groups.*[12] For an individual, a program, a system or a whole city, becoming trauma-informed requires significant change in attitude, knowledge, and practice. It is important to remember that human beings don't resist change – we resist loss, and all change requires loss, usually before we get a benefit from the change.

To be "trauma-informed" involves a number of key elements that are scientifically grounded and that focus on safety, emotional intelligence, connection, communication, resilience and healing. At its core, the trauma-informed approach asks, "what happened to you?" rather than "what is wrong with you?"[13] It connects a person's behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a personality flaw.

Current State of Trauma-Informed Health and Human Services in Philadelphia

In Philadelphia a robust infrastructure is being built to further the goal of becoming one of the first large trauma-informed cities. Philadelphia has a strong network of over 80 trauma-informed/ACEs-informed advocates, and organizations working to address these issues. The Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) has prioritized trauma-informed care for their programs but it needs to expand beyond DBHIDS, to include the rest of health and human service organizations, the criminal justice system, educational systems, employers as well as the general public. Trauma-informed principles have been proven effective for use in health and human services organizations and can help alleviate many of the effects of trauma experienced by individuals. However, trauma-informed principles can have a broader impact if they are embedded in policies instituted in settings that have not yet been touched by this perspective. This idea follows a 'Health in All Policies' approach, which has been a growing national movement in governance that looks to address community health on a systems level.[14] Bringing trauma-informed

principles to the City in this fashion could greatly improve the services Philadelphians receive as well as the overall health of every citizen.

Philadelphia has the knowledge but presently lacks the social will to make significant changes. *What creates social will?* First, the knowledge the professionals now have about trauma, adversity, attachment and resilience must become public knowledge. This will only occur with leadership insisting that this knowledge is integrated into every system, every institution of higher learning, and every health and human service initiative. Second, city leadership and Philadelphia's residents need to transition the focus from reacting to the effects of trauma to eliminating the causes of trauma, developing a true public health approach to trauma and adversity. Basic public health strategies focus on three large question: How do we address the problems of people already affected (tertiary prevention)?;, How can we minimize the dangers to those already at risk (secondary prevention)?, What measures need to be in place for everyone – universal precautions (primary prevention).

Recommendations for the new Mayor

Philadelphia can achieve transformational change by going back to the things we already know how to do but have forgotten. The City of Philadelphia needs to create, sustain, promote and support an attainable vision for that hearkens back to our founding principles of nonviolence and consensus.

> *"Nonviolent social and political movements emerged first among the Quakers in colonial North America. The founder of the Society of Friends, George Fox, believed that the civil war between good and evil was not external but internal, a spiritual war within every human being, and that the only way to overcome the external evils in the world is to overcome inner evil by following the Inner Light and choosing to act in loving, nonviolent ways. He believed that Truth is in everyone and that we each have a responsibility to listen, attune ourselves, and act on that Inner Light that he recognized as God. The Sanctuary Model was developed in Philadelphia, where William Penn and the Quakers created their "Holy Experiment" (there being no word for nonviolence at that time) and demonstrated that nonviolence could work in every department of government from defense to criminal justice. The Experiment endured for 70 years until the vision faded and the Quaker Party lost its mandate at the ballot box. For those 70 years the Holy Experiment included a diverse collection of colonists from many parts of Europe and with several religions who lived in relative harmony under Penn's "Great Law." The Great Law even abolished war on December 7, 1682 (the day of the attack on Pearl Harbor 259 years later—an interesting historical coincidence)"[15]*

Specifically as Mayor we
- Support trauma-informed leadership across all city systems
- Support trauma-informed services in the city which may not be funded by Medical Assistance
- Create a centralized office given priority at a Mayoral level
- Recombining of rights and responsibilities
- Support programming that encourages inclusion within the community for citizens that have survived trauma

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